

CLAIMS ONLY							Application Number 10/60465	Filing Date			
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	1						51				
2		1					52				
3	1						53				
4							54				
5	1						55				
6	1						56				
7		1					57				
8		1					58				
9		1					59				
10	1						60				
11		1					61				
12	1						62				
13		1					63				
14	1						64				
15	1						65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42	1						92				
43		1					93				
44		1					94				
45		1					95				
46		1					96				
47		1					97				
48							98				
49							99				
50							100				
Total Indep	3						Total Indep				
Total Depend	24	←	←	←			Total Depend	←	←	←	
Total Claims	31						Total Claims				